

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	2					
4	①					
5	①					
6	2					
7	2					
8	2					
9	1					
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TOTAL IND.	4					
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	15	██████████	██████████	██████████		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████	██████████	██████████		